

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
333 W. 7th Ave., Suite 100
ANCHORAGE, ALASKA 99501

REQUEST FOR EXAMINATION OF AOGCC RECORDS

I, the undersigned, request that I be authorized to examine the AOGCC records listed below, I agree not to remove or alter the contents of records and I agree not to remove the records from the room designated for examination.

I, certify that I am neither a party, nor representing or acting on behalf of a party, involved in litigation in a judicial or administrative forum with the State of Alaska or public agency to which these records are relevant.

Signature: _____

Printed Name: _____

Company / Firm: _____

Address: _____

Phone No: _____

AOGCC RECORDS REQUESTED:

FOR AOGCC USE ONLY:

Date and Time Records Requested (6 AAC 96.320): _____

Date Notice of Receipt of Request Sent (6 AAC 96.310): _____

Date Additional Information Requested (6 AAC 96.315): _____

Date and Time Records Provided for Review: _____

Date and Time Records Returned: _____

Name of AOGCC Employee Handling Request: _____

**AOGCC will respond to this request as soon as practicable, but no later than the 10th
working day after the request is received (6 AAC 96.325).
This request is a public record (6 AAC 96.320).**